U.S Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

- COUNTRY OF THE PARTY OF THE P	
1. File Number U - 1/959	2. Fiscal Year Covered From:
	1 / 01 / 04 Through: 12 / 31 / 04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Linda Hoselton	Name UAW Local 282
	Labor Organization File Number 020066
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 175 Birch Leaf	Street 2172 Waterford
City St. Peters	City Florissant
State Missouri ZIP Code + 4 _633.76.	State Missouri ZIP Code + 4 63033
5. Position in labor organization. Recording Secretary	
(except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	·
P.O. Box, Bldg., Room No., if any	CONTRACT CON
A Company of the Comp	7.b. Amount.
Street	State of the state
City Care and the control of the con	A TO COMPANY OF THE PROPERTY OF THE PARTY OF
State Nov. man series ZIP Code + 4	に、A Section Action Ac
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) Signed And Other on 6/29/05 (314) 972-0290	

Date

Telephone Number

Name of Person Filing Linda Hoselton	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Gerald Kretmar Trade Name, if any: Appleton, Kretmar, Beatty, & Stolze P.O. Box, Bldg., Room No., if any Suite 900 Street 8000 Maryland Avenue City Clayton State Missouri ZIP Code + 4 6 3105 3911	b. Trust	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	Gerald Kretmar and his firm represent UAW Local 282.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	•	
Street		
City	11.b. Approximate dollar value of such dealing. \$24,000.00	
City	12.a. Nature of interest held or income received.	
State ZiP Code + 4	I received 2 tickets (\$37.00 per ticket) to the April 7, 2004 Cardinals baseball game.	
	12.b. Amount. \$74.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	:	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

VIA CERTIFIED - RETURN RECEIPT REQUESTED

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, N.W., Room N5616 Washington, D.C. 20210

Gentlemen:

Enclosed is my LM-30 report for 2004.

Very truly yours,

Linda Hoselton